

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Northern Illinois University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: Northern Illinois University
Enterprise Systems Support De Kalb, IL. 60115

Name of Agent Designated to Receive

Notification of Claimed Infringement: J. R. FATZ

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box location):

Northern Illinois University
Enterprise Systems Support ATTN: J. R. FATZ
De Kalb, IL. 60115

Telephone Number of Designated Agent: 815-753-1200

Facsimile Number of Designated Agent: 815-753-2555

Email Address of Designated Agent: jfat2@niu.edu

Signature of the Designating Service Provider:

Date: 7/10/00

Typed or Printed Name and Title: Walter Czerniak;
Associate Vice President for Information Technology
Services

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

JUL 24 2000

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